

<i>SERFF Tracking Number:</i>	<i>LSVX-125685899</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>39225</i>
<i>Company Tracking Number:</i>	<i>GSTAR0006301F01</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>True Group, GPOL Revised STD Policy & Certificate</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/GSTAR0006301F01</i>		

Filing at a Glance

Company: USAbLe Life		
Product Name: True Group, GPOL Revised STD Policy & Certificate	SERFF Tr Num: LSVX-125685899	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39225
Sub-TOI: L08.000 Life - Other	Co Tr Num: GSTAR0006301F01	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: SPI Life and Specialty Ventures	Disposition Date: 06/10/2008
	Date Submitted: 06/06/2008	Disposition Status: Approved
Implementation Date Requested: 07/04/2008		Implementation Date:
State Filing Description:		

General Information

Project Name: GRP- Group	Status of Filing in Domicile: Not Filed
Project Number: GSTAR0006301F01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: n/a
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 06/10/2008	
State Status Changed: 06/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing some minor revisions to a few pages of a policy and certificate that were previously approved by your department on November 19, 1999. The revised policy and certificate pages are attached.	

A summary of the changes follow:

(1) The Partial Disability Benefit provision has been renamed "Progressive Partial Disability Benefit."

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- (2) In the first paragraph of this provision, we removed "following a period of total disability for which benefits were payable, provided the maximum number of weeks shown in the Schedule of Benefits has not already been paid."
- (3) In item 1 of this provision, we have replaced "is" with "becomes." We also replaced "within 31 days of the date his total disability benefits cease" with "while insured for this benefit."
- (4) In item 2 of this provision, we added "if required" to the end of part b.
- (5) In the first sentence of the "Partial disability" or "partially disabled" definition, we removed "which caused total disability."
- (6) In item 1 of the section titled "The Partial Disability Benefit," we replaced "selected" with "shown in the Schedule of Benefits."
- (7) In the very last sentence of this section, we replaced "insurance" with "Benefits."

These changes do not affect the actuarial or rates in any way.

Company and Contact

Filing Contact Information

Tiffany Bradley, Product Compliance Analyst II tbradley@usablelife.com
 PO Box 1650 (501) 212-8876 [Phone]
 Little Rock, AR 72203-1650 (501) 378-3333[FAX]

Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Healh
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$40.00	06/06/2008	20711488

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/10/2008	06/10/2008

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Disposition

Disposition Date: 06/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Form	True Group Policy Revised Pages 14.7 & 14.7a		No
Form	True Group Certificate Revised Pages 10.7 & 10.7a		No

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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: True Group, GPOL Revised STD Policy & Certificate

Project Name/Number: GRP- Group/GSTAR0006301F01

Form Schedule

Lead Form Number: GPOL (11-99) Rev. 5-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GPOL (11-99) Rev. 5-08	Policy/Contract Certificate	True Group Policy Revised Pages 14.7 & 14.7a	Revised	Replaced Form #: Previous Filing #:	50	GPOL (11-99) Rev_ 5-08.PDF
	GCRT (11-99) Rev. 5-08	Certificate	True Group Certificate Revised Pages 10.7 & 10.7a	Revised	Replaced Form #: Previous Filing #:	50	GCRT (11-99) Rev_ 5-08.PDF

Section VI – Benefits

Employee Short Term Disability

Weekly Benefit

We will pay the weekly benefit shown in the Schedule of Benefits if the insured employee becomes totally disabled while insured and is under the regular care of a physician due to sickness or injury. Payment will be at the rate of [1/7] of the weekly benefit per day. We will begin payment on the day shown in the Schedule of Benefits. The weekly payments will continue as long as the insured employee remains totally disabled, up to the number of payments shown in the Schedule of Benefits.

Disabilities due to accidental injuries: To be considered an “accident” under the Short Term Disability benefit, the accident must occur while the employee is insured under this benefit, and the disability must begin within 30 days of the date of the accident. If the disability begins after 30 days, it will be considered a sickness.

Successive periods of total disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by the same or related causes; and
2. are not separated by the insured employee’s return to full-time, active work for at least the number of days equal to two of his normal work weeks.

[Progressive Partial Disability Benefit

When proof is received that an insured is partially disabled from a sickness or injury, we will pay a partial disability benefit if the insured:

1. becomes partially disabled while insured for this benefit; and
2. gives us upon request, and at the insured’s expense, proof of continued:
 - a. partial disability; and
 - b. regular attendance of a physician, if required.

The insured is not required to be totally disabled prior to receiving partial disability benefits. The “day benefits begin” may be reached by total disability, partial disability, or any combination of these.

“Partial disability” or “partially disabled” means as a result of the sickness or injury the insured is:

1. able to perform one or more, but not all, of the material and substantial duties of his own or any other occupation on a full-time or a part-time basis; or
2. able to perform all of the material and substantial duties of his own or any other occupation on a part-time basis.

To qualify for a partial disability benefit the insured must be earning less than 80% of his pre-disability earnings at the time partial disability employment begins.

The Partial Disability benefit we will pay is the lesser of:

1. the weekly benefit shown in the Schedule of Benefits; or
2. 100% of pre-disability earnings less partial disability earnings.

Benefit Maximum: The Total Disability and Partial Disability benefits paid for any one period of disability cannot exceed the maximum number of weeks shown in the Schedule of Benefits.]

Section VI – Benefits

Employee Short Term Disability

Limitations

We will not pay benefits for total disability caused by or related to:

1. injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which the insured employee is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
2. injury or sickness resulting from war or any act of war, declared or undeclared;
3. the employee's participation in a riot or insurrection, or commission of an assault or a felony;
4. attempted suicide or intentionally self-inflicted injury;
5. the employee's use of alcohol, any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a physician; or
6. elective or cosmetic surgery, except for surgery to repair damage to the natural body caused only by injury.

"Participation" in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

"Riot" shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

"War" means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

Section V – Benefits

Employee Short Term Disability

Weekly Benefit

We will pay the weekly benefit shown in the Schedule of Benefits if you become totally disabled while insured and are under the care of a physician due to sickness or injury. Payment will be at the rate of [1/7] of the weekly benefit per day. We will begin payment on the day shown in the Schedule of Benefits. Weekly payments will continue as long as you remain totally disabled up to the number of payments shown in the Schedule of Benefits.

Disabilities due to accidental injuries: To be considered an "accident" under the Short Term Disability benefit, the accident must occur while you are insured under this benefit, and the disability must begin within 30 days of the date of the accident. If the disability begins after 30 days, it will be considered a sickness.

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1. resulted from, or are contributed to by the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

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When proof is received that you are partially disabled from a sickness or injury, we will pay a partial disability benefit if you:

1. become partially disabled while insured for this benefit; and
2. gives us upon request, and at your expense, proof of continued:
 - a. partial disability; and
 - b. regular attendance of a physician, if required.

You are not required to be totally disabled prior to receiving partial disability benefits. The "day benefits begin" may be reached by total disability, or any combination of these.

"Partial disability" or **"partially disabled"** means as a result of the sickness or injury you are:

1. able to perform one or more, but not all, of the material and substantial duties of your own or any other occupation on a full-time or a part-time basis; or
2. able to perform all of the material and substantial duties of your own or any other occupation on a part-time basis.

To qualify for a partial disability benefit you must be earning less than 80% of your pre-disability earnings at the time partial disability employment begins.

The Partial Disability benefit we will pay is the lesser of:

1. the weekly benefit shown in the Schedule of Benefits; or
2. 100% of pre-disability earnings less partial disability earnings.

Benefit Maximum: The Total Disability and Partial Disability benefits paid for any one period of disability cannot exceed the maximum number of weeks shown in the Schedule of Benefits.]

Section V – Benefits

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We will not pay benefits for total disability caused by or related to:

1. injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
2. injury or sickness resulting from war or any act of war, declared or undeclared;
3. your participation in a riot or insurrection, or commission of an assault or a felony;
4. attempted suicide or intentionally self-inflicted injury;
5. your use of alcohol, any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a physician; or
6. elective or cosmetic surgery, except for surgery to repair damage to the natural body caused only by injury.

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Rate Information

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Supporting Document Schedules


	Review Status:	
Satisfied -Name:	Certification/Notice	06/06/2008
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAbLe Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GPOL (11-99) Rev. 5-08	50.4
GCRT (11-99) Rev. 5-08	50.4

Signed: 
Name: _____
Title: _____
Date: _____

Connie Phillips
Staff Attorney & Assistant Secretary